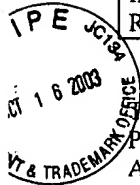


AMENDMENT TRANSMITTAL LETTER		CLIENT-MATTER NO.: 66692-017 (P-TB 3997)	
SERIAL NO: 09/747,174	FILING DATE: December 22, 2000	EXAMINER: M. Borin	GROUP ART UNIT: 1631 CONFIRMATION NO.: 5507
INVENTION: CLASSIFICATION OF POLYPEPTIDES BY LIGAND GEOMETRY AND RELATED METHODS			



TO: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"  
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 401710824 US  
DATE OF DEPOSIT: October 16, 2003  
I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED  
WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST  
OFFICE TO ADDRESSEE" SERVICE 37 C.F.R. 1.10 ON THE DATE  
INDICATED ABOVE, AND IS ADDRESSED TO: COMMISSIONER FOR  
PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450.

Carrie Hines  
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

*Carrie Hines*  
(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Communication mailed September 16, 2003, in the above-identified application.

☒ Small Entity status of this application has been established under 37 CFR 1.27.

☐ Petition for Extension of Time is enclosed (in duplicate).

☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.

☒ No additional claims fee is required.

☐ An additional claims fee is required and has been calculated as shown below:

**RECEIVED**  
OCT 27 2003  
TECH CENTER 1600/2900

#### CLAIMS AS AMENDED

	NUMBER AFTER AMEND- MENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED	RATE			FEE	
				SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	4	- 44	- 0	x \$9	\$18	=	\$0.00	\$
INDEPEN- DENT CLAIMS	1	- 14	- 0	x \$43	\$86	=	\$0.00	\$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES	XX NO	\$145	\$290	=	\$0.00	\$
				TOTAL ADDITIONAL FEE			\$0.00	\$

\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

\*\*\* If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

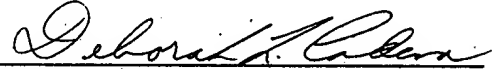
☐ Please charge my Deposit Account No. 502624 the amount of \$\_\_\_\_\_, \$ of which covers the fee for a \_\_\_\_\_-month extension of time. A duplicate copy of this sheet is enclosed.

☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

Inventors: Sem and Hansen  
Serial No.: 09/747,174  
Filed: December 22, 2000  
Page 2

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Deborah L. Cadena  
Registration No. 44,048

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7<sup>th</sup> Floor  
San Diego, California 92122  
858-535-9001